

EMBODIED IMAGINATION:
working with dreams and memories to
facilitate therapeutic change

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Abstract

Embodied Imagination is a therapeutic and creative way of working with dreams and memories, pioneered in the late 1970's by Robert Bosnak, a Dutch Jungian analyst. It is a radical and rapidly developing technique, based on neuroscience, alchemical principles, ancient incubation techniques, complexity theory, phenomenology, the work of archetypal psychologist James Hillman and the work of Carl Jung.

Working with images stimulates unfamiliar states of consciousness and raises awareness of unconscious material. An image is explored as an active environment *in which new elements can emerge*. The slow observation of images facilitates the ability to enter an unfamiliar "ego-alien" body along with its associated subjective states.

The culmination in a re-organisation of conflicting elements into a complex embodied pattern expands both awareness and psychological flexibility, develops new neural pathways and allows for something new and profoundly transforming to unfold.

This chapter will cover both the theory and practice of Embodied Imagination and include case studies showing the efficacy of using Embodied Imagination in a clinical setting.

Introduction

Embodied Imagination is a therapeutic and creative way of working with dreams and memories, pioneered in the late 1970s by Robert Bosnak (1948 -), a Dutch Jungian analyst. His methodological process of working with dreams, memories and illness using Embodied Imagination has developed over thirty years of practice, writing and teaching and draws on the work of Carl Jung, phenomenology, alchemical principles, ancient incubation techniques, complexity theory, neuroscience and the work of archetypal psychologist James Hillman.

In the therapeutic setting Embodied Imagination involves the client¹ working with images drawn either from their dreams or from memories that stimulate unfamiliar states of consciousness and raise awareness of unconscious material. Together the client and therapist

¹ Readers note: throughout the text the terms *dreamworker* and *therapist* are used interchangeably, as are *dreamer* and *client*.

explore an image as an active environment in which new elements can emerge. The slow observation of images facilitates the ability of the client to enter the unfamiliar body of the dream image along with its associated subjective states. The culmination of this re-organisation of conflicting elements into a complex embodied pattern, expands both awareness and psychological flexibility, develops new neural pathways and allows for something new and profoundly transforming to unfold.

Clinical applications of Embodied Imagination are varied. Traumatic memory, illness and disease, psychological issues such as anxiety, depression, self-esteem, and grief have proven responsive to the method. The method can be used in both group and individual work. In ‘Brief In-Depth’ therapy, Embodied Imagination is employed to explore a core issue as part of an ongoing therapeutic process, usually consisting of approximately eight sessions. In working with symptoms of illness an *incubation* process is employed. Incubation comes from the Asclepian medicine notion of seeding the dreaming; that is, asking dreaming to respond to a particular issue.

This chapter will outline the basics of the key theoretical elements that underpin Embodied Imagination and explain the terminology particular to the method as well as the process framework followed in therapy sessions. The two case studies illustrate how Embodied Imagination has helped clients with very different issues.

Theoretical influences and concepts

Embodied Imagination draws on a wide field of psychological theory and related disciplinary fields. These theoretical influences inform a set of holistic and integrated clinical practices in which dreams, dream images and memories are explored for their creative and healing power. These clinical practices are illustrated in the case studies presented below and described in summary form at relevant points in the discussion of theoretical influences and concepts.

Jungian influences

The influence of Carl Jung’s work on Robert Bosnak was far-reaching and profound, beginning with his experiences as an analysand and furthered by his training at the C.G. Jung Institute in Zurich, Switzerland from 1971 – 1977.

In his early work with Embodied Imagination, Bosnak incorporated a number of Jung's basic premises – the importance of including the body in work with the psyche, his phenomenological stance, his alchemical studies and his work with the unconscious and with dreams. All of these elements can be seen as seminal to the development of Embodied Imagination.

A particular early influence on Bosnak was that of the transcendent function explained by Jung as 'aris(ing) from the union of conscious and unconscious contents.' (Jung, 1969, p. 69). Jung considered this to be fundamental to the process of individuation, the means by which the psyche develops into maturity. He thought that dreams were the most direct way of connecting with unconscious material and developed the method of active imagination in order to further explore dream material. Although in a significant section of the Red Book, Jung describes an experience of being embodied in an image, this did not significantly alter his practise of Active Imagination. In Embodied Imagination Bosnak emphasises the place of the senses as a means of more deeply and directly contacting unconscious material communicated through dreaming.

The nature of dreams

A further two key influences on Robert Bosnak's early thinking in the development of Embodied Imagination were Henry Corbin and James Hillman. Both Corbin and Hillman influenced the development of Bosnak's view of the imaginative world and of dreams and dreaming.

Henry Corbin, (1903 – 1978) was an Islamic scholar, philosopher and theologian. His notion of the *mundis imaginalis*, literally the world of imagination in which one meets others directly, influenced Bosnak's thinking about the world of dreaming. Rather than being synonymous with the unreal, Corbin reintroduced the notion of imagination as another order of reality or consciousness. This notion he called cognitive imagination. He proposed that:

... the *imaginal* world [is] intermediate between the *sensory* world and the *intelligible* world. (Corbin, H, (in *Cahiers internationaux de symbolisme* ,1964. p20)

This world can be directly accessed through the senses thus rendering it *imaginal*, rather than imaginary. Corbin went further, describing images from the imaginal world as

independent entities: forms of intelligence that reside in ‘a real world of creative imagination’ (Bosnak, 2007. p11).

James Hillman (1926 – 2011) the American psychologist famous for founding the Archetypal Psychology movement posited that the psyche is not a single self. He did not follow the common dictate to integrate the multiple images presented in therapy; rather he encouraged the client to hold this multiplicity of selves in tension, preserving the dynamic elements of each. This he asserted was a more accurate reflection of everyday experience where, at any given time, we are aware of the many roles with which we are living. For example, my current awareness is that of being a counsellor and clinical supervisor, grandmother, mother and sister as well as the writer of these words. Each of these roles carries its own concerns and perspective and all exist, along with many more, concurrently. In clinical practice both Hillman and Bosnak apply this notion of a multiplicity of images to dreams and dreaming. Hillman’s phenomenological stance in his work with dreams focuses on the image. This is also a central tenet of Embodied Imagination. In Embodied Imagination, every location in the imaginal space of a dream is a potential perspective; each image, animate or inanimate can potentially be worked with in this method. Bosnak would go further and say that from the phenomenological perspective, ‘otherness’ as experienced in a dream image ‘is not me or part of me’, but a quasi-physical entity (Bosnak, 2007, p106).

Mimesis

Another significant concept influencing the development of Embodied Imagination is that of ‘mimesis, or imaginative absorption. Influenced by the thinking of Walter Benjamin (1892 – 1940) about mimesis, Bosnak departed from Carl Jung’s practice of Active Imagination towards a practice/concept of Embodied Imagination. For Jung, the imagination remained largely a product of the mind, usually strongly visual in content. Whereas for Bosnak, the imagination involves all of the senses thus is firmly grounded in body experience. The key to active imagination is allowing the imagination to run free with as little interference as possible from the individual.

Benjamin was a German Jew writing as a critical theorist in the 1930s in Berlin. Benjamin published a paper entitled *On the Mimetic Faculty* (Benjamin, in Arendt, 1968) in which he

outlined his theory that mimicry of both people and objects is endemic to the human psyche, most particularly illustrated in children's play: 'not only at being a shopkeeper or a teacher, but a windmill or a train' (ibid: 720). In a further essay, *The Work of Art*, Benjamin developed the idea of mimesis further, from that of the identification with the other or objects, into the concept of imaginative absorption. He writes:

‘A man who concentrates before a work of art is absorbed by it. He enters into this work of art the way that legend tells of the Chinese painter when he viewed his finished painting.’ (Benjamin, (in Arendt, 1968)

In working with the images from a dream or memory Bosnak found that this same process of concentration and absorption, or what he calls a *transit*, can be achieved. The dreamer focuses intently on the image, be it person or object, until they feel absorbed by or drawn into it. This produces body sensations, emotions and thoughts quite different from the waking consciousness of the dreamer. The dream image has a life of its own which the dreamer has entered through the transit. This is the heart of the Embodied Imagination process.

Dream example: The dreamer found herself driving down a country road. She was feeling carefree and happy to be in this expansive rural environment. She became aware of a feral cat on the back seat of the car and her mood changed to one of fear and uncertainty about what this creature might do. She then became aware that she was approaching a fork in the road. There was a road sign pointing in each direction and she knew she had to make a choice about which way to go.

In clinical practice when working with dreams or memories, the first focus is on the client finding and identifying with a safe place before challenging events or difficult images appear. In this dream the therapist used the experience of the dreamer driving feeling happy and carefree to create a safe place as the initial focus of the work.

Later work will focus on images that are different from the waking life or the habitual consciousness of the dreamer. *Ego dystonic*² images are chosen by the dreamworker to explore; usually those that the dreamer is less likely to identify with but perhaps feels curious or fearful about; in this example the images of the road sign and the feral cat on the back seat.

Bosnak's term *transit*³ is used to describe the focus on being drawn into the image. Close empathic observation and mimicking of the image creates conditions for identification with the image, and for the dreamer to be drawn into the 'other'. The dreamer does not become the image; rather the dreamer becomes immersed in its perspective. The *transit* allows intelligence to arise from the image or 'other'. In this dream when the dreamer became fully identified with the feral cat she inhabited its maleness, its sense of balance and entitlement as it freely roams and explores the world. This was a marked contrast from the feelings and thoughts she had on first noticing the animal which is often the experience of the dreamer in the transit. 'The experience of the "other" often presents the greatest resistance but frequently leads to the deepest insights' (Fischer, 2014, p.56).

Following the *transit*, the dreamer is asked to find a place where feelings, thoughts and sensations are felt most strongly in the body. Bosnak calls these *anchor points*.⁴ For the feral cat, this location was the spine with a sense of both elongation and strength. The dreamer's focus on these elements at this location is then held in awareness for about a minute, to intensify and anchor the associated feelings and sensations. Anchor points are created for up

² 'This term denotes aspects of a person's thoughts, impulses, and behaviour that are felt to be repugnant, distressing, unacceptable, or inconsistent with the self-conception.' Dorland's Medical Dictionary for Health Consumers. © 2007 by Saunders, an imprint of Elsevier, Inc.

³ A *transit* describes the focus on being drawn or slipping into the awareness of "other" from a point of view different from that of the dreamer, ie. a character, object or landscape in the dream image or memory.

⁴ An anchor point is created when the dreamer finds a place in the body where feelings, thoughts and sensations are felt most strongly in the body.

to four transits and then a *composite*⁵ is formed of all of them. Anchor points for this dream were the initial safe place experienced as warmth in the chest and a sense of expansion; the ambivalence of the road sign experienced as weakness in the arms and the elongation and strength in the spine of the feral cat. These points - chest, arms and spine with their attendant sensations formed the composite. The focus on this concentrated network of sense memories is maintained for two or more minutes in the therapy session.

The *composite* is then practised by the dreamer between sessions. The work of each session of Embodied Imagination dreamwork is extended into daily life through this practice of recalling the *composite*. Bosnak says '(this)... addition to the embodiment repertoire may develop into reconditioning of the physical body, as embodied images make their way deeper into the physical system.' (Bosnak, 2007, p51).

Phenomenology

The emphasis of phenomenology on subjectivity and perspective in meaning-making provides the philosophical bedrock for this work. Phenomenology influenced the development of a range of intersubjective modalities such as Gestalt Therapy and Existential Therapy, and also influences Bosnak. He draws largely on the work of French phenomenological philosopher Merleau-Ponty (1908 –1961) and the notion that the description of a phenomenon is 'sense data from a perspective' and that every dream image provides a potential perspective (Bosnak, personal communication, 2012). Embodied Imagination treats working with the memory of a dream as an encounter with phenomena. While the dream world may make no sense, have no discernible narrative or be a fleeting or complex experience, memories of the images themselves are phenomena which can be explored and re-experienced through the senses.⁶

Working with dream images in this way requires suspending everyday knowledge, beliefs, judgement and assumptions about a person or object. This means moving beyond habitual

⁵ A *composite* consists of 4 – 5 *anchor points*, which the client is invited to re-experience and practise as a coherent whole.

⁶ Although Embodied Imagination has similar elements to Focusing (Gendlin, E *Focusing*,), in that both deal with the felt sense of phenomena traced through the body, the major differences are the use of the transit in Embodied Imagination and multiple simultaneous perspectives are explored.

consciousness and everyday cultural constraints. There is no interpretation of the dream image; the focus is on experiencing the phenomenon as it reveals itself to the dreamer.⁷

Alchemy

The ancient practice of alchemy was an early influence on Bosnak's thinking about the use of the *composite*. Alchemy involved the transformation of elements from one form into another, combining them in a crucible and subjecting them to heat sometimes over long periods of time to produce new, different, and sometimes unexpected, substances. Bosnak used the alchemical process as a metaphor for the process of embodied imagination. In a parallel with the alchemical process, for Bosnak, change happens within the crucible of the body when the *composite* is practised.

Coming from a different cosmological perspective, Alchemists believed the metals they worked with were alive with spirit and soul and were in a state of continuous creation; that primal matter consisted of sparks of live creative forces around which visible matter coagulated. (Bosnak, 2007, p.75) For Bosnak, dream images are similarly live creative forces around which visible material is formulated. Bosnak's view is that a meeting between subjects – such as the dreamer with their dream images – releases a mutual intelligence. Each learns from the other.

Both alchemy and Embodied Imagination involve working slowly and in a hypnagogic state, the state of approaching sleep when images begin to arise. Alchemists worked with particular substances waiting for them to reveal their intelligences in slow procedures. This highly refined embodiment they called *subtle* body. Subtle bodies were understood as embodiments existing between physicality and abstraction in a realm of quasi-physicality. Bosnak calls this process Embodied Imagination. 'Subtle bodies belong to a primal world between body and mind – less physical than matter, more embodied than mind'. (Bosnak, personal communication, 2010)

As in the alchemical process, the different elements brought together in Embodied Imagination through the composite ultimately create changes in thinking, feeling and

⁷ While this process appears similar to Husserlian bracketing, Bosnak believes with Merleau-Ponty that phenomena give *partial* access to a reality beyond experience (Bosnak, private communication, 2014)

experiencing the world. These changes in functioning demonstrate the neuroplasticity of the brain.

Neuroplasticity

Neuroplasticity is commonly accepted within the field of empirical science, as the explanation of how new behaviours are learned, new patterns initiated and maintained and long-standing difficulties overcome. This offers a partial explanation for the effectiveness of Embodied Imagination and informs the practice of maintaining the focus on the composite of body sensations. As Daniel Siegel explains:

We are now discovering how the careful focus of attention amplifies neuroplasticity by stimulating the release of neurochemicals that enhance the structural growth of synaptic linkages among the activated neurons. (Siegel, 2009, p. 42)

In dreams, imagination is primary, unfettered by everyday concerns or thinking:

The newest brain scans showed that when we dream,... the prefrontal cortex system, which is responsible for inhibiting our emotions and instincts, shows slower activity. (Doidge, 2007, p. 239)

If, in dreaming, everything we experience is a product of imagination, ‘including the experiencing body’ (Bosnak, R, video, 2007) Embodied Imagination work does not allow for either interpretation or prediction of outcomes. Consequently, in clinical practice, following the creation of the *composite* consisting of four or five *anchor points*, the client is invited to re-experience and practice these as a coherent whole. This placing together of several disparate sensations in different locations within the body creates a distinct entity, a different body from that experienced habitually in everyday life. The ‘reorganisation of conflicting elements, into a more complex pattern, creating a more complex medium’ (Bosnak, 2007, p 16), leads to the possibility of new awareness and knowledge to arise within the dreamer. The development of new patterns and linkages in the brain is central to the changes that Embodied Imagination work effects. For example, as will be seen in Case Study A, Alice’s chronic acute pain was eventually alleviated through regular practise of the composite created in each weekly session of dream therapy.

Complexity theory

Key thinkers and researchers, from Kant through Hayak, Weaver, Lorenz, Bateson, Mandelbrot and beyond, over three centuries offered crucial elements to the understanding of complex systems and their characteristics, developing and increasingly broadening the understanding and application of complexity theory in the fields of mathematics, scientific and social theory. Springing from Chaos theory – ‘a delicious contradiction - a science of predicting the behaviour of “inherently unpredictable” systems’ *add ref*, complexity theory ‘seeks to understand how order emerges in complex, non-linear systems such as galaxies, ecologies, markets, social systems and in neural networks. Complexity scientists suggest that living systems migrate to a state of dynamic stability they call the "edge of chaos".’ (Cleveland, 1994). Complexity theory provides further explanation for the effectiveness of practising the composite. It states that a complex system is composed of interconnected parts that, as a whole, exhibit properties not obvious from the properties of the individual parts. Embodied Imagination work uses a number of elements woven together creating a new experience for the dreamer – anchor points that are combined into a composite.⁸

In clinical work using Embodied Imagination, images become embodied components (or *anchor points*) that, when held simultaneously, make a *composite*. Practising holding four to five *anchor points* together in a *composite* allows for the possibility of emergent new patterns. The dreamer must hold the multiple positions of the *composite* at the same time on the border between chaos and order. It is from here that change can emerge. The dreamwork creates a system of self-organising complexity, that is:

anchor points → composite → composite practice → transformational change

The placebo effect

The placebo effect is another concept that informs Embodied Imagination practice but placebo, traditionally a ‘sugar pill’, has a different meaning and effect in Embodied Imagination work.

⁸ The influence of complexity theory later led Bosnak to realise there was a limit to the number of positions (anchor points) that could effectively be worked on in a *composite*. Too many caused chaos closely followed by a collapse into polarity. 4 -5 anchor points usually comprise a composite.

In a medical context the placebo effect can occur when a patient expects that they are being given a substance that will improve their well-being, reduce symptoms and ease pain, but are instead given either an inert substance or no treatment. The common definition of a placebo, ‘An inactive substance with no pharmacological action’ (*Gale Encyclopedia of Medicine*, 2008, The Gale Group, Inc), does not explain why a placebo works. But evidence now exists that the placebo has a direct effect on brain function. These changes have been identified using MRI and other brain scan methods.

Embodied Imagination focuses on the positive explanation of the placebo effect: that it actively harnesses internal body responses regarding the presenting condition. The placebo effect ‘demonstrates a direct effect of imagination on the body’ (Bosnak, R, 2007, p 49). The patient imagines a healing experience is taking place through the action of the placebo, a positive use of imagination in the process of healing. The placebo effect actively engages the body’s self-healing response. Embodied Imagination harnesses this phenomenon.

Simultaneous dual consciousness

Influenced by the work of American philosopher and psychologist William James, (1842 - 1910) on double consciousness, Bosnak coined the term ‘*simultaneous dual consciousness*’. In Embodied Imagination work, this describes the experience of the dreamer, in the clinical setting, being aware of two realities whilst in the hypnagogic state⁹. As the work deepens there is simultaneous body awareness by the dreamer of sitting in the chair as well as of re-experiencing the dream state. For example, a client in the hypnagogic state experiences herself holding the hand of her dying mother. Every element in this experience appears physical: the dreamer’s body holding the hand, the mother lying in bed, the room they are in, however she is conscious that this world exists in imagination. The dreamer has *simultaneous dual consciousness* as she is also fully aware that she is sitting in the chair.

This awareness must be maintained throughout Embodied Imagination work. To enter the dream environment without retaining body awareness invites dissociation or, at worst,

⁹ A state of consciousness between waking and sleeping that happens naturally during sleep onset, where images begin to arise

hallucinations and psychosis. Moreover, the inability to enter the dream state prevents the work of dream exploration and invites fabrication or fantasy responses from the dreamer. Fabrication occurs when the dreamer is looking at the dream image rather than experiencing a fully embodied state. Fabrication usually involves curiosity about the image, and extrapolation of known attributes of the image, and is not rooted in the dreamer's body through sensate awareness.

Each session of Embodied Imagination work commences with a brief scan of the body for sensations and present awareness before exploring images can begin. The body scan encourages the client to enter into the hypnagogic state where the waking consciousness is still operating but habitual consciousness loses dominance. In this state it is easier for the client to move from an ego position into the sensory experiences of the dream. Participating in the body scan grounds the therapist in body awareness and creates an internal space from which to listen to and experience the dreamer's telling of the dream.

Sense and Flashback memory

Sense memory refers to the recall of physical sensations surrounding emotional events, instead of the emotions themselves. It involves recalling an experience through the five senses: sight, sound, smell, taste, or touch. Sense memory can happen spontaneously, such as when we smell something redolent of a pleasant experience and we are transported back into that environment. In Embodied Imagination the emphasis is on reliving the experience, rather than simply recalling it. The difference between knowing something and truly re-creating it, between mental activity and reliving an experience, is essential to Embodied Imagination dreamwork.

Embodied Imagination artificially creates a flashback memory of a dream image. In a flashback memory touch, sounds, smells and the emotion connected with the experience flood back. In the dreamwork, the dreamer is invited to re-enter the landscape of the dream – the 'dreamscape' - and through a series of questions enquiring about sense memories, enters that world more fully. In clinical practice, immense restraint on the natural speed of imagination is required. The sensory elements being explored must be investigated and enhanced,

expanded and deepened in the body. This work progresses slowly in the session and encourages a strong, emotional, body-centred sensory experience.

Other key processes

These processes are particular to the work of Embodied Imagination.

First person recounting: when the dreamer tells the dream to the dreamworker, they do so in the first person, present tense, as if it were happening in the present. This begins the process of re-entering the dream and brings it more vividly to life. The dreamworker notes any shifts in awareness in their own body throughout the telling which may inform the later stages of the work.

Questioning: by the dreamworker is also designed to help the dreamer embody and recreate the dream as an imagined reality. Questioning focuses on the dream environment and dream images, particularly the sensory perceptions of the dreamer. Any answer that arises need to be felt by the dreamer as simultaneously a perception of emotion and as specific body awareness. For example, it is not enough to realize anger is present; it is vital to feel the simultaneous upset in the body that is the felt sense of anger.

Associations: After the dream has been told in the session and before the work with images begins, the dreamworker enquires about the everyday context of the dream images, asking about significant elements as well as the dream environment. This has the twofold purpose of learning about relevant current or past events in the dreamer's life and clearing the way for more direct contact with images later in the work.

Working with symptoms of illness

Embodied Imagination can be effectively applied to issues of psychological and physical pain and illness through working with symptoms. Specific adaptations of this method of working using dream images have brought discernible results, for example, in Case Study A, where Alice was able to manage chronic pain through this approach.

In clinical settings a condition or an illness can be explored through individual symptoms.

This work can be done using the Brief In-Depth model or the *inversion* process. (see below)

*Incubation*¹⁰ is the term used to describe how symptoms are worked with by invoking an embodied reaction to a situation. The dreamer is asked to recall a recent experience of the illness when several key symptoms were present. The session is then conducted by working with the memory of the experience. When a *composite* is created from this exploration, it is practised nightly before sleep until a dream emerges in response.

Inversion is the term used to describe the part of the process during which symptoms are explored one by one in the hypnagogic state. The dreamer is asked to feel the symptom acutely, then to turn their awareness into the size of a pinprick so as to imaginatively enter the ‘world’ of the symptom – feeling surrounded by the environment. Once in the world of the symptom, questions are asked about the colours, textures, and movement or otherwise, and the general atmosphere experienced in this place. A second inversion takes the client into a feature of this new environment. New awareness emerges. An *anchor point* may be created, as with dreamwork.

Creating a safe place at the outset, paying careful attention to questioning, choosing appropriate images and locations to explore and ensuring the work is conducted at a slow embodied pace is essential to clinical work with physical conditions.

CASE STUDIES

Case Study A: Working with dream images to manage chronic pain

Alice was an active 75 year old, very involved with her husband, children and grandchildren. Her hobbies included bushwalking and weaving. Out bushwalking, she tripped over a tree root and broke her arm and shoulder in four places. Five days later she underwent surgery for the insertion of eleven silver screws and a large piece of titanium. Some months of rehabilitation followed but a year later, at her annual check-up she was told that the screws were impacting negatively on the bone and had to be removed.

¹⁰ Incubation is a process of working with any issue a client may wish to explore in depth and creating a composite which invites a dream related to the issue.

Her third surgery in thirteen months involved a reverse shoulder replacement and more months of rehabilitation treatment. By this time pain management was becoming a serious issue as Alice was allergic to most pain relief medication. She began taking the smallest possible dose of a powerful narcotic. This gave her 72 hours of pain relief per dose. After four months it started to lose efficacy and the 72 hours reduced to 48 hours. It was at this point that Alice sought the help of an Embodied Imagination therapist.

In the following description of the series of meetings Alice had with the therapist the technical terms used in embodied imagination are printed in italics. These terms appear in footnotes throughout the chapter.

At their first session Alice and the therapist began with an *incubation* [see footnote p] that drew on a recent experience of her pain. Entering into the pain environment is never an easy journey but Alice was determined to do it. The incubation centred on working with a new and challenging form of yarn Alice was planning to use on a piece of weaving. The act of imagining beginning this new work allowed Alice to remember and re-enter the feelings of excitement and anticipation she had when she began a new work. This became the first *anchor point* as well as her *safe place* [see foot notes p] Other anchor points were created from pain symptoms in her shoulder, arms and spine.

Alice and the therapist worked together weekly for a period of seven weeks. Over the first four weeks, Alice had several images appear in her dreams that were significant to her and gave her a new feeling in her body. One was a white horse with a flowing mane running across a field being pursued by two young boys. Her *transit* [see foot note p] in the therapy session into embodying the horse, its energy and the experience of movement and strength in the legs, gave her a body-sense of freedom she had not experienced for many years. Another dream image she found meaningful to experience through embodiment in a therapy session was an unhappy looking baby held in its mother's arms who did not want to be touched because it hurt. For Alice this mirrored her feelings about her own pain.

Her penultimate dream yielded images of golden lightness flowing over her body, a calm confident small boy, and a flow of clean water that was contained by footpaths along a street.

Embodying each of these images gave Alice new insights into herself and her experiences of pain.

At the final session, Alice asked if she and the therapist could work on a recurring dream she had been having over many years. It concerned having to pack up and move house for her whole family without being able to get help for herself with this substantial task. She described the ensuing *composite* as feeling like a suit of armour or chain mail covering her upper chest and head, leaving only her face free. When Alice came back for her review session she reported she had realised that the chain mail was always present. She had changed her practice to imagining shrugging the chain mail off and consequently was feeling happier and less constricted.

Since then Alice has continued to successfully manage her pain. She sleeps soundly, she is taking less pain medication, uses different self-talk when she feels pain - mostly after weaving – and feels more relaxed and freer in herself. Embodied Imagination has supported her to live her life more fully, no longer restricted by the pain of her three surgeries and the continuing adjustment of her capacity to return to the activities she enjoyed before her fall.

Case Study B: Working with Embodied Imagination to overcome anxiety

Zho was a diligent postgraduate student in her mid-20s. She came from a traditional Chinese family and had lived with her parents in her grandparents' house until she was 15. Her mother often told her that her grandparents only valued male children. After graduating from university she left her family and city of birth to pursue her own life choices. Ever since Zho could remember, she had experienced the common phobia of public speaking and was interested in exploring it with Embodied Imagination brief in-depth work. She had found previous self-analysis to be ineffective. For the initial *incubation* Zho recalled a memory of a presentation she had given in her workplace. When she got up to speak she felt a lack of self-confidence and it was hard for her to produce meaningful sentences. She felt out of control when she heard her trembling voice and incoherent words. Seeing the expression on the faces of the leaders turn from smiling to serious, she felt shame. Her throat felt blocked, she did not want to be seen, there was a strong tension, it did not feel like her own voice and she wanted to cry out.

Zho showed a keen sensitivity to body awareness and enthusiasm about embodied imagination work. During nine sessions of brief in-depth therapy, she had several significant dream images, which contrasted with her habitual consciousness.

Dream image 1: A young baby that can speak, and express what he wants.

Through identification with him she felt how he wanted to grow and break free from restraint. A man on the bus she boarded with the baby gave her directions. In the *transit* she was able to experience his perspective: comfortable speaking with people, natural, confident and enthusiastic. He could express his own ideas and Zho felt his stability and strength in his chest.

Dream image 2: A policeman in charge of a public facility was helpful and gave important information, instead of blaming her and other young people. He was prepared to face challenges in order for change to happen and to do what he felt was right. At the next session Zho reported, she was very pleased that she had been able to speak up and express herself with authority figures.

Dream image 3: In an interaction with a family member in a position of authority Zho experienced moving as though she was doing Kung-Fu: free and effortless. When another relative told her that she should not do this, she said ‘I can! I have already learnt a new skill
At the end of the brief in-depth work Zho reported:

I feel more comfortable with public speaking. The experience of disconnection from my own voice and thinking has not happened again. Even though I can hear my voice is a bit trembling on some words, it doesn’t matter. I calm down and repeat it, making both my thoughts and voice more clearly to the listener. Furthermore, I can express what I think is unreasonable when facing the authorities. Although there is some emotional agitation I am not getting overwhelmed and timid.

She was no longer caught in self-blame, and could accept her feelings instead of being overwhelmed by them.

Zhu’s work with her dreams using Embodied Imagination allowed her to fully experience the embodied feelings of her dream ego perspective and those of other dream figures. Her body was like a hermetic vessel, holding different states. The key for effective therapeutic change

is the cultivation of affective embodied experience. (Schoore 2012). Embodying the perspectives of other dream figures enabled her to have a broader perspective, one that included more than the habitual consciousness of fear. To use a theatrical analogy, there are now other characters on the stage with her.

Conclusion

Exploring dream images, engaging the body through sensory experience and working with creative imagination allows for new information to emerge that is different from the habitual consciousness that is everyday waking knowledge or awareness. Clinical applications of Embodied Imagination are varied. Brief in-depth therapy and working with symptoms has been shown to bring about significant change in clients lives. Traumatic memory, illness and disease, psychological issues such as anxiety, depression, self-esteem, and grief are responsive to the method.

Embodied Imagination training has been conducted in seven countries of the world where ongoing practice is governed by The International Society for Embodied Imagination. Bosnak has published accounts of his early work with AIDS and managing heart transplants.

Research has been conducted using Embodied Imagination techniques in working with pain (Abraham, D., J. Fischer, R. Bosnak, M. Roy, and T. Wager. 2010,). Clinical Embodied Imagination work has been documented and published concerning trauma and extreme grief. In 2011 Bosnak founded the Santa Barbara Healing Sanctuary where conventional medicine and dreaming work together towards physical healing. A growing body of work in this ever developing field continues.

New scientific knowledge and continuous application of the method has ensured the evolution of Embodied Imagination theory and practice since its inception in the 1970's. Embodied Imagination is uniquely placed to straddle the hitherto largely separate worlds of medicine and psychological therapy. Neither the full range of the benefits of Embodied Imagination nor its horizons are yet known, and further research in this field will likely provide a solid evidence base for the practice.

References

Abraham, D., Fisher, J., Bosnak, R., Roy, M., & Wager, T. *Memory immersion produces reduction in pain perception*. Poster session at the 17th Annual Cognitive Neuroscience Society Symposium, Montréal, Canada, 17 – 20 April 2010

Benjamin, W. (1968). *Illuminations: Essays and Reflections*. Ed. Hannah Arendt. Trans. Harry Zohn. New York: Schocken Books,

Bosnak, R.(1996).*Integration and ambivalence in transplants*.in D.Barrett (Ed.).*Trauma and dreams* (pp.217 – 30).Cambridge, MA: Harvard University Press.

Bosnak, R. (2007). *Embodiment: Creative Imagination in Medicine, Art and Travel*. New York, NY: Routledge.

Bosnak, R. (2007). *Embodied Imagination in the work with Dreams and Memories* (Video file). www.psychevisual.com

Cleveland, J.(1994).*Complexity theory: Basic concepts and applications to systems theory*. [www.slide share.net/johncleveland/complexity-theory –basic-concepts](http://www.slide share.net/johncleveland/complexity-theory-basic-concepts)

Corbin, H. (1964). *Mundis Imaginalis or the Imaginary and the Imaginal*. *Cahiers internationaux de symbolisme* 6, Brussels, pp. 3-26.

Doidge, N. (2007). *The Brain that Changes itself: Stories of Personal Triumph from the Frontiers of Brain Science*. New York, NY: Penguin Books.

Fischer, J.Y.(2014). Brief and in-depth analytical psychology in the 21st century.) Unpublished diploma thesis) Boston, MA: CG.Jung Institute.

Gale Encyclopedia of Medicine. (2008).medical-dictionary.the free dictionary.com/placebo + effect

Gendlin, E.(1988).*Focusing*.New York: Bantam Books.

Jung, C.G.(1969).*The collected Works*, vol.8 (R.F.C.Hull, Trans.; H.Reed, M.Fordham & G.Adler, Eds).London: Routledge & Kegan Paul.

Jung, C.G.(2009).*The red book* (M.Kyvurz, J.Peck & S.Shamdasani, Trans.) New York: W.W.Norton.

McNellis Asato, S.(2010).*Dream guidance: the way of embodied imagination work*.
[www.edgemagazine.net/2010/07/dream – guidance](http://www.edgemagazine.net/2010/07/dream%20guidance)

Saunders, W.E.(2007).*Dorland’s medical dictionary for health consumers*, an imprint of Elsevier, Inc.medical – dictionary.thefreedictionary.com/ego – dystonic

Schore, A.(2012).*The science of the Art of psychotherapy*..New York: W.W Norton.

Siegel , D. J. (2009). *Mindsight: Your Brain And Your Life*, Scribe Publications Proprietary

White, J.(2014 in press).Reliving to relieving. Journal of Humanistic Psychology

Further Reading

Bosnak, R. (1986). *The Little Course in Dreams*. Boston, Massachusetts: Shambala Publications.

Bosnak, R. (1996). *Tracks in the Wilderness of Dreaming*. New York, NY: Bantam Doubleday.

Harpur, P. (2002). *The Philosophers Secret Fire: A History of the Imagination*. London: Penguin books.

Kradin, R. (2008). *The Placebo Response and the Power of Unconscious Healing*. New York, NY: Routledge.

Taussig, M. (1993). *Mimesis and Alterity: A Particular History of the Senses*. New York, NY: Routledge

Taylor, M. (2001). *The Moment of Complexity: Emerging Network Culture*. London: The University of Chicago Press.

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